ACT Shelter

Policy Briefing | August 2026

COUNTING THE UNCOUNTED

Ending the invisibility of homelessness deaths in the ACT

Executive Summary

Every person who dies while experiencing homelessness is someone's child, parent, sibling or friend. Every death represents a profound human loss. Yet we do not know how many people experiencing homelessness die each year in the ACT, why they die, or whether those deaths might have been prevented.

This is not because homelessness is rare. It is because our systems do not routinely identify or investigate homelessness as a relevant factor when someone dies.

The available evidence paints a stark picture. People who experience homelessness in Australia die decades earlier than the general population. They are far more likely to die from suicide, accidental poisoning, treatable illness and other potentially preventable causes. Homelessness is not simply a housing issue – it is a major public health issue and a significant contributor to premature mortality.

Yet in the ACT there is no routine mechanism for recording how many people experiencing homelessness die each year. Without reliable data, governments cannot understand the scale of the problem, identify systemic failures or measure whether policy reforms are reducing preventable deaths.

The ACT has an opportunity to lead Australia by ensuring that deaths of people experiencing homelessness are no longer invisible. **ACT Shelter is calling on the ACT Government to amend the *Coroners Act 1997* so that the death of a person experiencing homelessness becomes a reportable death, accompanied by annual public reporting and ongoing review of homelessness mortality.**

Every life matters. Every death should count.

50-52 years Median age of death for people who have experienced homelessness in Australia[2]	**38%** People accessing homelessness service in the ACT who are experiencing persistent or chronic homelessness[1]	**9** Potentially avoidable deaths per day among people with a history of getting specialist homelessness support[2]	**1 in 13** Children who died in Australia between 2013 and 2023 had been in contact with a specialist homelessness service[3]	**0** ACT data sources recording homelessness deaths each year

Homelessness is a housing issue — and a life expectancy issue

Homelessness is often discussed in terms of housing supply, rental affordability and emergency accommodation. These are all critically important.

But homelessness is also one of the strongest predictors of premature death.

People experiencing homelessness face significantly higher rates of chronic illness, mental ill-health, disability, substance use, violence, social isolation and barriers to accessing healthcare. Sleeping rough, living in overcrowded accommodation, moving between temporary arrangements or remaining without secure housing creates profound risks to both physical and mental health.

Australian research demonstrates that homelessness is associated with dramatically shortened lives. Although estimates vary by study and cohort, people experiencing homelessness die, on average, 22–33 years earlier than those who are housed.[4] Australian Institute of Health and Welfare (AIHW) analysis linking specialist homelessness service (SHS) records with death registrations found that around 14,000 people who used an SHS died within a year of receiving support between 2012–13 and 2022–23 – a death rate 1.4 to 1.7 times higher than for people with no history of SHS use.[5] Those who had used homelessness services in the preceding 12 months died at a median age of just 47 years, compared with 82 years nationally. Among people who had experienced homelessness at any point during the study period, the median age at death was just 50–52 years. Similarly, a 2024 investigation by the Guardian Australia estimated that Australians experiencing homelessness die at an average age of around 44 years.[6]

These are not simply statistics. They represent thousands of Australians whose lives ended decades too early.

Many of these deaths are preventable

Perhaps the most disturbing finding emerging from recent research is not simply that people experiencing homelessness die younger. It is that many of these deaths should not have happened and were preventable.

The AIHW has found that accidental poisoning, suicide and coronary heart disease are among the leading causes of death for people with a history of homelessness services support. The report estimates that people with recent experience of homelessness account for around **one in seven** accidental poisoning deaths nationally and approximately **one in twenty** deaths by suicide. Other Australian research has shown elevated mortality from illnesses such as diabetes, cardiovascular disease and respiratory illness – conditions that are often manageable with timely access to healthcare, stable housing and ongoing support.

Homelessness itself is rarely the direct medical cause of death. Instead, it amplifies every other risk. Without somewhere safe to sleep, it becomes harder to manage chronic illness, store medication, recover after hospital discharge, attend appointments, maintain social supports, or seek help before a crisis develops.

Housing is integral to health. Without housing, people die earlier than they should.

What we know nationally — and what we don't know in the ACT

The ACT is not immune from these challenges.

The 2021 Census identified 1,777 people experiencing homelessness in the Territory. Since then, demand for homelessness services has persisted, with more than 4,200 Canberrans receiving assistance from specialist homelessness services during 2024–25. Among those accessing homelessness services across Australia, the ACT has the highest rates of persistent homelessness, mental health issues, and combined mental health and alcohol and other drug use.[Error! Bookmark not defined.]

Yet despite this, ACT Shelter is not aware of any publicly available dataset that tells us:

- how many people experiencing homelessness die in the ACT each year;
- how old they were;
- where they died;
- what caused their deaths;
- whether they had recently engaged with homelessness, health or other support services; or
- whether those deaths could have been prevented.

We know people experiencing homelessness are dying prematurely and too often. We simply do not know how many. Nor do we systematically learn from those deaths.

This is a profound gap in our understanding of homelessness in the ACT.

What gets counted counts

Australia carefully records and investigates many forms of preventable death. Road fatalities, deaths in custody and workplace deaths are all subject to dedicated scrutiny to help understand their causes and prevent future loss of life. This reflects a fundamental public policy principle: what we measure, we can seek to understand, and ultimately seek to prevent.

The same principle should apply to homelessness. Without consistent identification and reporting, deaths associated with homelessness remain largely invisible.

As the Council to Homeless Persons has observed, Australia faces not merely a data gap, but a ***"knowledge block"***.[7] Housing status is inconsistently recorded, coronial referral is discretionary, and many deaths are ultimately recorded simply as resulting from natural causes without examining the broader circumstances that contributed to them. The result is that we cannot identify patterns, understand systemic failures or evaluate whether reforms are saving lives.

People experiencing homelessness become invisible not only during life, but also after death.

Why coronial reporting matters

Some may ask why coronial reporting is necessary.

The answer is simple: the role of the Coroner extends beyond determining how someone died. Coronial investigations exist to identify circumstances surrounding preventable deaths and make recommendations to help prevent future deaths.

Mandatory reporting would not mean every death results in a lengthy public inquest, nor would it presume wrongdoing. Rather, it would ensure that deaths involving people experiencing homelessness are recognised, recorded and considered through a public interest lens.

Crucially, it would allow systemic patterns to be identified. Repeated findings relating to hospital discharge, untreated illness, mental health care, access to housing, extreme weather or service coordination could inform practical reforms that save lives.

Coronial investigations have frequently driven improvements in road safety, workplace safety and deaths in custody. There is every reason to expect they could also contribute to reducing preventable deaths among people experiencing homelessness.

The ACT can lead nationally

No Australian jurisdiction currently requires the deaths of people experiencing homelessness to be automatically reported to the Coroner solely because of their housing status.[8] However, this reform is being considered in several jurisdictions, and advocacy organisations in Victoria, New South Wales and South Australia have all called for such reform. Comparable coronial provisions already exist for other vulnerable groups in some jurisdictions.[9]

Internationally, the United Kingdom has demonstrated the value of systematically counting homelessness deaths. What began as grassroots documentation has evolved into official annual reporting and public recognition, improving understanding of the scale and causes of homelessness-related mortality.[10]

The ACT has an opportunity to become the **first Australian jurisdiction** to ensure that homelessness deaths are consistently recognised and monitored. Leadership in this area would reinforce the Territory's longstanding commitment to human rights, evidence-based policy and preventing homelessness.

ACT Shelter's recommendations

ACT Shelter calls on the ACT Government to:

1	**Amend the *Coroners Act 1997* (ACT)** Make the death of a person experiencing homelessness a reportable death, with appropriate legislative definitions and operational guidance.
2	**Develop clear protocols** Support the identification and recording of homelessness status by police, healthcare providers, homelessness services and the Coroner's Court.
3	**Publish annual homelessness mortality data** Including the number of deaths, demographic characteristics, broad causes of death and relevant systemic findings, while protecting individual privacy.
4	**Strengthen homelessness prevention and response** Preventing and reducing homelessness is the most effective way to prevent avoidable deaths, through increasing investment in social and affordable housing, Housing First, accessible healthcare, improved hospital discharge pathways, and strengthening coordination between support services and service systems.

Conclusion

Every person who dies while experiencing homelessness deserves more than our sympathy. They deserve to be counted. They deserve to be understood. And they deserve the dignity of knowing that their death may help prevent others from suffering the same fate. Mandatory coronial reporting will not end homelessness. It will not, by itself, provide someone with a safe home. But it is an important and achievable reform that will ensure homelessness deaths are no longer invisible. It will strengthen accountability, improve our understanding of preventable mortality and help build the evidence needed to save lives.

The ACT has an opportunity to lead Australia by recognising that
every life matters, and every death should count.

SOURCES:

[1] *ACT Shelter, (2026). Briefing: Homelessness in the ACT.*
[2] *AIHW, (2025), Specialist Homelessness Services: feature analysis, and People receiving SHS support in the last year of life*
[3] *AIHW (Australian Institute of Health and Welfare), (2025), Children with a history of specialist homelessness services support who have died.*
[4] *Tuson M, Vallesi S and Wood L (2024) 'Tracking deaths of people who have experienced homelessness: a dynamic cohort study in an Australian city, BMJ Open, 14:e081260; Zordan R, Mackelprang JL, Hutton J, Moore G and Sundararajan V (2023) 'Premature mortality 16 years after emergency department presentation among homeless and at risk of homelessness adults: a retrospective longitudinal cohort study', International Journal of Epidemiology, 52(2):501–511.*
[5] *AIHW, (2025), Specialist Homelessness Services: feature analysis, and People receiving SHS support in the last year of life*
[6] *Knaus C (5 February 2024) 'Homeless Australians are dying at age 44 on average in hidden crisis, The Guardian Australia.*
[7] *Council to Homeless Persons, (2019), The Last Mile of the Way – The Homelessness, Death and Dying Project.*
[8] *Coroners Act 1997 (ACT), Coroners Act 2009 (NSW), Coroners Act 2003 (Qld)*
[9] *Home2Health (Perth); Council to Homeless Persons (Vic), South Australian Alliance to End Homelessness correspondence; NSW Homelessness Strategy 2025–2035.*
[10] *Museum of Homelessness / Dying Homeless Project; UK Office for National Statistics, (2021), Deaths of homeless people in England and Wales: 2021; registrations.; Taylor, G, Lenormand, A, (2026), Remembering, Counting, Acting: Homeless Deaths in the UK and France, Homeless In Europe Magazine, Spring 2026 (Honouring People Who Died Homeless).*